



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **TAXICAB OPERATOR /SC**

ADDRESS OF BUSINESS: **5534 CAHUENGA BLVD, NORTH HOLLYWOOD, CA 91601**

TELEPHONE: **(661) 260-2227**

OWNER OF BUSINESS: **ROBERT T RASMUSSEN**

CAL. DR. LIC.# : **14410759**

NAME OF PERSON FINGERPRINTED: **ROBERT T RASMUSSEN**

FICTITIOUS NAME: **YELLOW CAB SC, LLC**

MAILING ADDRESS: **P.O. BOX 220332, SANTA CLARITA, CA 91322**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	12/31/15	nlove
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	06/07/16	nlove
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/14/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions: --GAVE UPDATED APPROVAL WITH NEW LOCATION IN NORTH HOLLYWOOD. 3/24/16 NLOVE
--UPDATED ADDRESS

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 142857

Application for
TAXICAB OPERATOR, 4 (FOUR) TAXICAB VEHICLES

Date
05/04/16

						Hearing Date	
D.B.A. Yellow Cab of Santa Clarita		Organization or Corporation Yellow Cab of Santa Clarita LLC				Incorporation Date 04/13/11	
Address of Proposed Activity 5534 Cahuenga Blvd, Los Angeles 91601		Contacted Robert Rasmussen				Date Contacted 4/27/16	
Applicant, Sponsoring Adult or Corporate Officer 1. Robert T. Rasmussen		Position Owner				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
[REDACTED]							
						Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
[REDACTED]							
						Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
[REDACTED]							
						Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
[REDACTED]							
						Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
[REDACTED]							
Location <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased From Whom: Ed's Automotive Center Inc. (shares office space)							
Termination Date of Lease		Immediate Vicinity		School or Churches		Hearing Notice Posted	
Charitable Activity	Proposed Date of Activity	Age Group	Admission Charged	Amount	Security Guards Yes <input type="checkbox"/> No <input type="checkbox"/> No.		
Estimated Attendance	Posted Capacity	Parking – Location	Number	Paved	Lighting		
Outside Signs						Interior Lightning	
Alcoholic Beverages Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Type ABC License			ABC Licensed Issued To		
Location Previous Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		Applicant Previously Licensed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date 06/30/13			License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		
Type		Type Taxicab			Type -		
Date Started Operation	Billiard Tables Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number	State Board Number					
Attire N/A	Type of Food Served N/A	Entertainment (Describe) N/A					
Hours of Operation 24 hours	Days of Operation 7	County License Number 142857					

Description of Vehciles		Model	Vehicle License Number	County License Number
Year	Make			

Color Scheme and Insignia on vehicles

Schedule of Rates

Additional Information

R. Bowman
Investigated By

05/04/16
Date

Reviewed By

Date



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142857

BUSINESS INFORMATION		
Type of Business: <u>Taxicab Veh (4)</u> <u>Taxicab Operator</u>	Address of Business: <u>5534 Cahuenga Blvd. North Hollywood 91601</u> <u>24262 NANT ST #5 Santa Clarita CA 91321</u>	
Start Date (Projected):	Business Telephone: <u>(661) 260-2227</u>	
DBA (Business Name): <u>YELLOW CAB SC, LLC</u>	Mailing Address: <u>P.O. Box 228332 Santa Clarita, CA 91321</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>4/11/13</u>	Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>ROBERT TAY RASMUSSEN</u>	<u>SAME</u>	<u>SOLE OWNER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>ROBERT TAY RASMUSSEN</u>		
Home Address: <u>22900 Oak Ridge Dr #106</u>		
Home Telephone: <u>661 254 2433</u>	Cell Phone: <u>661 476 2977</u>	Email address: <u>YellowCABSC@aol.net</u>
Social Security #: <u>534 62 5575</u>	Date of Birth: <u>6/17/69</u>	Place of Birth: <u>Port Angeles, WA</u>
Driver's License or State ID#: <u>A4410759</u>		Expiration Date: <u>1/1/16</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>5'11"</u>	Weight: <u>170</u>
Hair Color: <u>Brown</u>		Eye Color: <u>Blue</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 11/18/15 Applicant's Signature: Robert Tay Rasmussen

Application taken by: Diego Date: 11/18/15

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline

Yellow Cab SC, LLC

December 2015

P.O. Box 220333

Santa Clarita, CA 91322

Work History and Need & Necessity

Rob Rasmussen has worked with Yellow Cab since February of 1999. First as a driver, then soon after went into management and a shift supervisor position. Mr. Rasmussen purchased the assets of the company in August of 2003 to become the sole owner operator of Yellow Cab.

Yellow Cab SC has been servicing the Santa Clarita Valley since 1994 providing reliable and efficient transportation to all of the residents of Santa Clarita. Yellow Cab also consistently meets the transportation needs of all of the hotels, restaurants, and other businesses to include the Santa Clarita Senior Center, Henry Mayo Hospital, Kaiser and the various other medical facilities. Yellow Cab is the only company that exclusively services Santa Clarita 24 hours a day, 7 days a week, and 365 days a year – Yellow Cab has never closed.

Robert Jay Rasmussen
#142857



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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BUSINESS LICENSE
APPLICATION REFERRAL

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TELEPHONE: (661) 260-2227

OWNER OF BUSINESS: ROBERT T RASMUSSEN

CAL. DR. LIC.# : 4416759

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FICTITIOUS NAME: YELLOW CAB

MAILING ADDRESS: P.O. BOX 220332, SANTA CLARITA, CA 91322

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RISK MANAGEMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 3/24/16

BASIC LICENSE NO. 8277

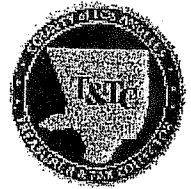
DATE 03/11/16

IDENTIFICATION NUMBER 142857



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



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OWNER OF BUSINESS: ROBERT T RASMUSSEN

CAL. DR. LIC# : A441759

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FICTITIOUS NAME: YELLOW CAB

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ROBERT RASMUSSEN 661-476-2974

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 5/11/2016

BASIC LICENSE NO. 8277

DATE 05/10/16

IDENTIFICATION NUMBER 142857

✓

16-00120

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TREASURER AND TAX COLLECTOR**

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SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

Approval (prior approval 12/17/15 - UIC# 15-01227 same ID #)

SIGNATURE: WLB

53647

DATE: 2/1/16

BASIC LICENSE NO. **8277**

DATE **01/27/16**

IDENTIFICATION NUMBER **142857**

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